No. 2
4-13-40
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40926

JAN 24 1942
Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4604

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Vincents Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3days (Specify whether years, months or days)
In this community 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1124 Myrtle
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 10 years.

3. (a) PRINT FULL NAME Segreid Sue Wilson
3. (b) If veteran, name war **** 3. (c) Social Security No. ****
4. Sex Femal
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 7 (Day) 1941 (Year)
8. AGE: Years 0) Months 0 Days 3 If less than one day hr. min.
9. Birthplace Kansas City Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation None
11. Industry or business
MOTHER
12. Name Ray Wilson
13. Birthplace (City, town, or county) Missouri (State or foreign country)
FATHER
14. Maiden name Carmelita Harris
15. Birthplace (City, town, or county) Kansas (State or foreign country)
16. (a) Informant Ray Wilson
(b) Address 1124 Myrtle
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 12 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Hope Cem, Kas. City Kas.
18. (a) Signature of funeral director Mrs C.L.Forster
(b) Address 918 Brooklyn
19. (a) Dec 11, 1941 (Date received local registrar) (b) H. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10
year 1941 hour 4 minute 25 P M.
21. I hereby certify that I attended the deceased from Dec 7, 1941, to Dec 10, 1941
that I last saw h ed alive on Dec 10, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congenital Heart Disease	
Due to: Patent intra Ventricular Septum	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 1912	

Major findings:
Of operations
Of autopsy Patent intra Ventricular Septum
Absence of Pulse

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature D T Ward M.D. (M. D. or other)
Address 1103 Grand Date signed 12/11/41.

(Licensed Embalmer's Statement on Reverse Side)

6737 Rockwell

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....; Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.